

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09783264	FILING DATE 02-15-01					
CLAIMS							APPLICANT(S)						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		2				
3		1					53		2				
4		1					54		2				
5		1					55		2				
6		1					56		2				
7		1					57		2				
8		1					58		2				
9		1					59		2				
10		1					60	1					
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23		10					73						
24		10					74						
25		10					75						
26		10					76						
27		10					77						
28		10					78						
29		10					79						
30		10					80						
31		10					81						
32		10					82						
33		1					83						
34		1					84						
35		2					85						
36		2					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		4					95						
46		7					96						
47		4					97						
48		7					98						
49		1					99						
50		1					100						
TOTAL IND.							TOTAL IND.	2					
TOTAL DEP.							TOTAL DEP.	176					
TOTAL CLAIMS							TOTAL CLAIMS	178					